PTO/SB/17 (10-08)
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Olider the Faperwork F	teduction Ac	t of 1995, no persor	are requ	red to respond to a c				lid OMB control	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						10/589,553-Conf. #8540			
FEE TRANSMITTAL				Filing Date					
For FY 2009						Erkki AHO			
				Examiner Name		J. T. Nguyen			
Applicant claims small entity status. See 37 CFR 1			7	Art Unit	725				
TOTAL AMOUNT OF PAYMENT		(\$) 130.00		Attomey Docket No.		1503-0192PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of x Credit any overpayments									
fee(s) under 37	CFR 1.16	and 1.17							
1. BASIC FILING, SEARCH,	AND EYA	MINIATION EEE	-				***************************************		
1. DAGIO I ILINO, SLANON,		NG FEES		RCH FEES	EXAMIN	ATION FEES			
	1 1511	Small Entity	OL/	Small Entity	LXAIVIIIA	Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Fee (\$)									
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
NATIONAL TO A STATE OF THE STAT							195		
Total Claims			Fe	ee Paid (\$) Multiple		ultiple Depende	ple Dependent Claims		
18 - ²⁰ or HP	0 x	52.00 =				ee (\$) Fee Paid (\$)			
HP = highest number of total claims					-				
Indep. Claims Extra	Claims	Fee (\$)	Fe	Fee Paid (\$)					
2 3 or HP =	0 x	220.00 =		0.00					
HP = highest number of independer	nt claims pai	d for, if greater than	3.						
3. APPLICATION SIZE FEE									
If the specification and draw listings under 37 CFR 1.5	ings excee	ed 100 sheets of	paper (excluding electro	nically file	ed sequence or o	computer	0	
sheets or fraction thereof.	See 35 U	J.S.C. 41(a)(1)(G) and 3	37 CFR 1.16(s).	n Sinan Cir	inty) for cach ac	ditional J	U	
	a Sheets		•	ditional 50 or fract	ion thereof	<u>Fee_(\$)</u>	Fee	Paid (\$)	
100 = /50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									
SUBMITTED BY A		1							
Signature	<u> </u>	DO-H	11	Registration No.	00.000	Talautiere	(700) 00	F 0015	
gridient - Halley (A)				Attorney/Agent)	omey/Agent) 28,380 relephone (703) 205-8015				
Name (Print/Type) James M. Slattery						Date	March 1	7, 2009	